

Application Data Sheet

Application Information

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Title::	Multi-Terrain Child Carriage
Attorney Docket Number::	1713312
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity::	No
Petition included?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Maria
Middle Name::	L.
Family Name::	GRACIAS
Name Suffix::	
City of Residence::	Chicago
State or Province of Residence::	IL
Country of Residence::	US
Street of mailing address::	1709 North Burling
City of mailing address::	Chicago

State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60614

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Vincente
Middle Name:: H.
Family Name:: GRACIAS
Name Suffix::
City of Residence:: Cherry Hill
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 44 Cameo Drive
City of mailing address:: Cherry Hill
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08003

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Felipe
Middle Name::
Family Name:: GRACIAS
Name Suffix::
City of Residence:: Palos Heights

State or Province of Residence::	IL
Country of Residence::	US
Street of mailing address::	7600 West 123rd Place
City of mailing address::	Palos Heights
State or Province of mailing address::	IL
Country of mailing address::	US
Postal or Zip Code of mailing address::	60463

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Antonio
Middle Name::	
Family Name::	GRACIAS
Name Suffix::	
City of Residence::	Jackson
State or Province of Residence::	WY
Country of Residence::	US
Street of mailing address::	970 West Broadway, PMB 222
City of mailing address::	Jackson
State or Province of mailing address::	WY
Country of mailing address::	US
Postal or Zip Code of mailing address::	83001

Correspondence Information

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Representative Information

Representative Customer Number:: 24240